

NAVY MEDICINE

WORLD-CLASS CARE...ANYTIME. ANYWHERE

U.S. NAVAL HOSPITAL NAPLES



Maternity Services

USNH Naples welcomes about 11 babies to the world every month. We feature private, family-friendly suites, couplet care (mom and baby room together),

breastfeeding counseling from our lactation nurses and newborn hearing screening.



We offer maternal care and birthing capabilities for women who are low risk and are expected to have uncomplicated births. Labor services include natural labor as well as the full range of medications (including epidurals).

Examples of low-risk maternity patients include:

- Vaginal deliveries
- Uncomplicated cesarean (c-section) deliveries
- Patients without underlying medical conditions or complicating obstetric factors



Rigorous prenatal screening processes will identify patients who exceed criteria. Patients who are "other than low-risk" will have the option of a TRICARE network facility or the nearest military treatment facility (MTF) with appropriate capabilities. In the case of unexpected maternal or newborn complications, the MTF has the capability to treat, stabilize and transfer patients to an appropriate level of care.

We seek to set up new moms for success with support, education and coaching. We provide lactation education and support groups to moms who choose to breastfeed, and formula and education to moms who choose to formula-feed.



We encourage our expecting and new parents to take advantage of our many educational classes such as: New Obstetrics, Prepared Childbirth, 3rd Trimester, Breastfeeding, Infant Massage and Baby Boot Camp. . Please call Fleet and Family Services at DSN 314-629-4896 or commercial 081-811-4896 to sign-up for our free classes.

Visiting hours are 24/7, and dad or other significant person is welcome to stay the night with mom. For safety, newborns need a car seat already installed when you leave the hospital.

Per federal guidelines, the accepted length of stay is up to 48 hours for a vaginal birth, and up to 96 hours





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for a cesarean delivery. Discharge can occur sooner if the attending provider and mother are in agreement, and patient meets discharge criteria.

We will also provide the forms needed to update your personnel record and register newborns in DEERS—this is critical for eligibility for health care. This must be done within 60 days, but should be done as soon as possible.

For more information about USNH Naples prenatal, maternal and birthing services contact your primary care manager at DSN 314-629-6272 or commercial 081-811-6272.









Frequently Asked Questions



Q: Will maternity care change after USNH Naples's transition to an outpatient clinic?

A: No. Maternal care and birthing capabilities will be available for women who are low risk and are expected to have uncomplicated births, consistent with what is currently offered. Care is provided by our expert physicians and nurses who use a multi-disciplinary approach to deliver the best care to mothers and their newborns. Care includes collaborative, low risk obstetric services by a team of surgeons, physicians, nurses, anesthesia providers, and support staff who provide antepartum, intrapartum, and postpartum care. Overnight stays after delivery will remain consistent with what is currently offered to each individual patient.

Q: If I'm pregnant or plan to become pregnant, should we move to Naples?

A: Yes. We will continue to support maternal care and birthing services for women who are low risk and are expected to have uncomplicated births, consistent with what is currently offered. Care includes collaborative, services by a multi-disciplinary team to include surgeons, physicians, nurses, anesthesia providers and support staff who provide antepartum, intrapartum and postpartum care, from scheduled and emergency cesarean sections to natural labor and the full range of medications. Both facilities offer private, family friendly suites and mother/baby (couplet) care.

Q: What happens if a cesarean section is required during a low-risk birth?

A: We will maintain the expert staff to perform emergency and scheduled cesarean sections. We will have the ability to detect, stabilize, and initiate management of unanticipated maternal, fetal, or neonatal problems that occur during the antepartum, intrapartum or postpartum. High risk pregnancies will continue to be referred to the TRICARE network in the region or elsewhere.

Q: What will happen with high-risk pregnancies?

A: High-risk pregnancies will continue to be referred to the local TRICARE network. If care exceeds capabilities in the local TRICARE network, patient care will be provided at another military treatment facility in Europe such as Landstuhl Regional Medical Center for the remaining duration of the pregnancy.